

Internal Audit Plan

Audit Date: _____ Audit Number: _____ Lead Auditor: _____

Audit Team Members: _____

Comments: _____

Audit Objectives

Audit Areas	Biological Services	Fee Booth	Administration	Greens	Landfill Gas	Groundwater	Disposal Operations	Capacity Development	Surface Maintenance	Contractors	EMR
ISO Standard											
4.2 Environmental Policy											
4.3.1 Environmental Aspects											
4.3.2 Legal and Other Requirements											
4.3.3 Objectives and Targets											
4.3.4 Environmental Management Programs											
4.4.1 Structure and Responsibility											
4.4.2 Training, Awareness, and Competence											
4.4.3 Communication											
4.4.4 EMS Documentation											
4.4.5 Document Control											
4.4.6 Operational Control											
4.4.7 Emergency Preparedness and Response											
4.5.1 Monitoring and Measuring											
4.5.2 Nonconformance and Corrective and Preventative Action											
4.5.3 Records											
4.5.4 EMS Audit											

Planning Checklist

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Timeline

[illegible]

Plan approved and reviewed by:

Lead Auditor _____ **Date** _____

Environmental Management Representative	Date
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Deputy Director _____ Date _____